The Regulation and Quality Improvement Authority

Camphill
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Unannounced Care Inspection Of Camphill

15 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 15 May 2015 from 09 45 to 14 15 hours.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Heath care and Standard 39: Staff Training and Development.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 24 February 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**0**	**2**

The details of the Quality Improvement Plan (QIP) within this report were discussed with the regional manager Patricia Greatbank as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Season Health Care Maureen Royston	Registered Manager: Joy McKay – registration pending
Person in Charge of the Home at the Time of Inspection: Dulce Amor Yanga Ali, deputy manager.	**Date Manager Registered:** Joy McKay - application received by RQIA on 9 January 2015 and is currently being processed.
Categories of Care: NH-MP(E), NH-I, NH-PH, NH-PH(E), NH-DE	**Number of Registered Places:** 72
Number of Patients Accommodated on Day of Inspection: 56	**Weekly Tariff at Time of Inspection:** £593.00 - £637.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

Standard 4: Individualised Care and Support, criterion 8
Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8and 15
Standard 21: Heath Care, criteria 6, 7 and 11
Standard 39: Staff Training and Development, criterion 4

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the deputy manager
- discussion with the regional manager
- discussion with patients
- discussion with relatives
- discussion with staff
- review of a selection of records
- observation of the lunch service
- observation during a tour of the premises
- completion of questionnaires by the relatives of two patients
- evaluation and feedback.

Prior to inspection the following records were analysed:

- Inspection report and quality improvement plan from the previous care inspection on 24 February 2015
- incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005
- records of contacts with RQIA, in regard to the home, via RQIA duty inspector system.

The inspector met with eight patients individually and with the majority generally, nine care staff, four registered nurses and one patient's relative.

The following records were examined during the inspection:

- care records of 10 patients
- policy manual.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Camphill was an unannounced care inspection dated 24 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 12(4)(a)(b)& (c) **Stated:** Second time	The registered person must review the serving of meals to ensure that staff provide appropriate supervision to patients during mealtimes The deployment of staff at mealtimes must be included in this review.	**Met**
	Action taken as confirmed during the inspection: Observation of the serving of lunch in the Glendun suite evidenced that staff were deployed effectively to ensure patients were assisted with their meal in a timely manner. This requirement has been met.	

Requirement 2 **Ref**: Regulation 13(1) (b) **Stated:** First time	The registered person must ensure that when a patient does not meet their daily target of fluid intake appropriate action is taken and recorded in the patients' daily progress records **Action taken as confirmed during the inspection**: Review of a selection of care records evidenced that staff were monitoring fluid intake and responding appropriately. This requirement has been met.	**Met**
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 12.3 **Stated:** First time	The availability of snacks for patients should be discussed with staff to ensure that they are aware of the range available: snacks should be offered to all patients, including those who require soft or pureed diet, during the serving of morning and afternoon tea. **Action taken as confirmed during the inspection**: Discussion with the chef and care staff and observation of the afternoon tea trolley evidenced that this recommendation has been met.	**Met**

5.2 Continence management

Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

Discussion with staff and review of training records confirmed that a number of staff had received training in continence care throughout 2014. Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion with staff and review of training records confirmed that there were a number of registered nurses assessed as competent in urinary catheterisation.

Is Care Effective? (Quality of Management)

Review of ten patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's individual continence needs. A care plan was in place to direct the care to meet the needs of the patients.

The specific type of continence pads the patient required was not recorded in the care plans.

There was evidence in the patients' care records that assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. The care plans included the patients' normal bowel patterns and made reference to the Bristol Stool Chart and the patients' normal stool type.

A number of the care plans reviewed in the dementia units were patient centred and included good detail of patient's personal preference. The standard of these care plans was discussed with the regional manager who confirmed that work was ongoing to ensure all of the care plans were individualised and patient centred.

The management of urinary catheters was reviewed. The frequency with which catheters were required to be changed was not recorded in the care plan. However care records evidenced that catheters were changed regularly.

Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken.

In one unit within the home there were a number of care records which were illegible. This was discussed with the regional manager who was aware of the issue.

Discussion with staff and observation made during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Compassionate? (Quality of Care)

Discussion with the deputy manager, registered nurses and care staff confirmed where patients, or their families, have a personal preference for the gender of the staff providing intimate care their wishes will be respected. Arrangements were in place for the deployment of staff to ensure that patients have a choice of both male and female staff to assist with their personal care.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful and that their needs were met in a timely manner. Good relationships were evident between patients and staff. Staff were observed to attend to patient's continence needs in a dignified and personal manner.

Areas for Improvement

Care plans for the management of continence should be further developed to include:

- the specific type of continence aids required
- the frequency with which catheters require to be changed.

The care plans which were illegible should be rewritten as a matter of urgency and registered nurses reminded that all care records must be legible.

Number of Requirements:	**0**	**Number of Recommendations:**	**2**

5.3 Additional Areas Examined

5.3.1 Serving of lunch

In the Glendun Suite the majority of patients had their lunch in the dining room which has had further refurbishment since the last inspection in February 2015. The tables were nicely set with tablecloths, napkins and cutlery. A selection of condiments was available on each table. Patients were brought to the dining room in a timely manner prior to the serving of lunch.

The meals were transported from the kitchen in a heated trolley and served by the catering staff. The assistance from catering staff allowed the registered nurses and care staff to attend to the patients, offering support and, where required, assistance with their meal. Identified staff were allocated to deliver meals to those patients who choose to have their meal away from the dining room. This allocated member of staff confirmed that they were also responsible for monitoring and encouraging those patents with their meal.

The lunch menu was a choice of beef stew or omelette and chips. The meals were appetising and patients spoken with were complimentary regarding the meal served.

Observation of the serving of lunch, review of the deployment of staff and discussion with patients and staff evidenced that the mealtime was a positive experience for patients.

5.3.2 Patients and relatives comments

Discussion took place with eight patients individually and with the majority of others in smaller groups throughout the three units. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. A few comments received are detailed below:

"It's all good here."
"They couldn't be better."
"Great care."

One relative spoken with commented positively regarding the attitude of staff and the care their loved one received. They confirmed that the staff in the home kept them informed of any changes to their relatives' condition and consulted with relevant healthcare professionals in a timely way.

Two completed questionnaire was received from relatives at the conclusion of the inspection.

Comments received verbally and in the completed questionnaires included:

"Staff great – home from home."
"Same staff – no changes – happy home."
"Carers and nursing staff are excellent"
"They have a great relationship with my …They are all very approachable and very accommodating."

There were no issues or concerns raised by patients or relatives during this inspection.

5.4.3 Staff comments

Staff commented positively with regard to staffing and the delivery of care. Six questionnaires were issued to nursing, care and ancillary staff. None were returned following the inspection visit.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Patricia Greatbank as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 4, criteria 1 **Stated:** First time **To be Completed by:** 26 June 2015	It is recommended that care plans for the management of continence should be further developed to include: • The specific type of continence aids required • the frequency with which catheters require to be changed. **Response by Registered Person(s) Detailing the Actions Taken:** Care plans relating to continence management will be further discussed with the trained staff at the next staff meeting in June and also via supervision to help ensure that the necessary details are included in the residents' care files.
Recommendation 2 **Ref**: Standard 39, criteria 8 **Stated:** First time **To be Completed by:** 26 June 2015	It is recommended that the care plans which were illegible should be rewritten as a matter of urgency and registered nurses reminded that all care records must be legible. **Response by Registered Person(s) Detailing the Actions Taken:** The identified care plans are being rewritten by the allocated trained staff to ensure legibility. The upcoming trained staff meeting in June will discuss the necessity of all care records being legible.

Registered Manager Completing QIP	Joy McKay	**Date Completed**	11/06/15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	17.07.15
RQIA Inspector Assessing Response		**Date Approved**	

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	16-07-15